

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT, AND FEE TO:
Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN

RECEIVED
Date Stamp (Received)
MAR 11 2019

Bayfield Co. Zoning Dept.

| | |
|--------------|---------------|
| Permit #: | 19-0036 |
| Date: | 3-18-19 |
| Amount Paid: | \$125 3-11-19 |
| Refund: | |

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.

DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

FILL OUT IN INK (NO PENCIL)

| | |
|---|--|
| TYPE OF PERMIT REQUESTED → <input checked="" type="checkbox"/> LAND USE <input type="checkbox"/> SANITARY <input type="checkbox"/> PRIVY <input type="checkbox"/> CONDITIONAL USE <input type="checkbox"/> SPECIAL USE <input type="checkbox"/> B.O.A. <input type="checkbox"/> OTHER | |
| Owner's Name: <u>Samuel Warren</u> | |
| Mailing Address: <u>33700 Frostman Rd Washburn WI 54891</u> | |
| City/State/Zip: <u>Washburn WI 54891</u> | |
| Telephone: <u>292-3165</u> | |
| Address of Property: <u>32755 Maki Rd.</u> | |
| City/State/Zip: <u>Washburn WI 54891</u> | |
| Cell Phone: <u>292-3165</u> | |
| Contractor: _____ | |
| Contractor Phone: _____ | |
| Plumber: _____ | |
| Plumber Phone: _____ | |
| Authorized Agent: (Person Signing Application on behalf of Owner(s)) _____ | |
| Agent Phone: _____ | |
| Agent Mailing Address (include City/State/Zip): _____ | |
| Written Authorization Attached <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| PROJECT LOCATION | Legal Description: (Use Tax Statement) |
| Tax ID# <u>36239</u> | |
| Recorded Document: (Showing Ownership) <u>2012 R 546887</u> | |
| <u>NW</u> 1/4, <u>NE</u> 1/4 | Gov't Lot _____ |
| Lot(s) <u>1</u> | CSM <u>182510 p. 373</u> |
| Vol & Page _____ | CSM Doc # _____ |
| Lot(s) No. _____ | Block(s) No. _____ |
| Subdivision: <u>AA Bigelow & Co</u> | |
| Section <u>29</u> , Township <u>49</u> N, Range <u>4</u> W | |
| Town of: <u>Bayview</u> | |
| Lot Size _____ | Acreage <u>40</u> |

| | | | | |
|---|--|--|--|--|
| <input type="checkbox"/> Shoreland → | <input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. Intermittent) Creek or Landward side of Floodplain? <u>If yes---continue</u> → | Distance Structure is from Shoreline: _____ feet | Is Property in Floodplain Zone? <input type="checkbox"/> Yes <input type="checkbox"/> No | Are Wetlands Present? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | <input type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage <u>If yes---continue</u> → | Distance Structure is from Shoreline: _____ feet | | |
| <input checked="" type="checkbox"/> Non-Shoreland | | | | |

| Value at Time of Completion * include donated time & material | Project | # of Stories | Foundation | # of bedrooms in structure | What Type of Sewer/Sanitary System Is on the property? | Type of Water on property |
|--|--|---|--|---|--|--|
| \$ <u>10,000</u> | <input checked="" type="checkbox"/> New Construction | <input checked="" type="checkbox"/> 1-Story | <input type="checkbox"/> Basement | <input type="checkbox"/> 1 | <input type="checkbox"/> Municipal/City | <input type="checkbox"/> City |
| | <input type="checkbox"/> Addition/Alteration | <input type="checkbox"/> 1-Story + Loft | <input type="checkbox"/> Foundation | <input type="checkbox"/> 2 | <input type="checkbox"/> (New) Sanitary Specify Type: _____ | <input type="checkbox"/> Well |
| | <input type="checkbox"/> Conversion | <input type="checkbox"/> 2-Story | <input checked="" type="checkbox"/> Slab | <input type="checkbox"/> 3 | <input type="checkbox"/> Sanitary (Exists) Specify Type: _____ | <input checked="" type="checkbox"/> None |
| | <input type="checkbox"/> Relocate (existing bldg) | _____ | _____ | <input type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon) | | |
| | <input type="checkbox"/> Run a Business on Property | _____ | Use <input checked="" type="checkbox"/> Year Round | <input checked="" type="checkbox"/> None | <input type="checkbox"/> Portable (w/service contract) | |
| | <input type="checkbox"/> _____ | <input type="checkbox"/> _____ | <input type="checkbox"/> _____ | <input checked="" type="checkbox"/> Compost Toilet | | |
| | | | | <input checked="" type="checkbox"/> None | | |

| | | | |
|---|---------------|--------------|---------------|
| Existing Structure: (if permit being applied for is relevant to it) | Length: _____ | Width: _____ | Height: _____ |
| Proposed Construction: | Length: _____ | Width: _____ | Height: _____ |

| Proposed Use | ✓ | Proposed Structure | Dimensions | Square Footage |
|---|-------------------------------------|---|----------------|----------------|
| <input checked="" type="checkbox"/> Residential Use | <input checked="" type="checkbox"/> | Principal Structure (first structure on property) | <u>12 x 24</u> | <u>288</u> |
| | <input type="checkbox"/> | Residence (i.e. cabin, hunting shack, etc.) | (X) | |
| | | with Loft | (X) | |
| | | with a Porch | (X) | |
| | | with (2nd) Porch | (X) | |
| | | with a Deck | (X) | |
| <input type="checkbox"/> Commercial Use | | with (2nd) Deck | (X) | |
| | | with Attached Garage | (X) | |
| | <input type="checkbox"/> | Bunkhouse w/ (<input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities) | (X) | |
| <input type="checkbox"/> Municipal Use | <input type="checkbox"/> | Mobile Home (manufactured date) _____ | (X) | |
| | <input type="checkbox"/> | Addition/Alteration (specify) _____ | (X) | |
| | <input checked="" type="checkbox"/> | Accessory Building (specify) <u>Work shop</u> | <u>12 x 24</u> | <u>288</u> |
| | <input type="checkbox"/> | Accessory Building Addition/Alteration (specify) _____ | (X) | |
| | <input type="checkbox"/> | Special Use: (explain) _____ | (X) | |
| | <input type="checkbox"/> | Conditional Use: (explain) _____ | (X) | |
| | <input type="checkbox"/> | Other: (explain) _____ | (X) | |

FAILURE TO OBTAIN A PERMIT or STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES

I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): Samuel Warren
(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Date 3-11-19

Authorized Agent: _____
(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Date _____

Address to send permit _____
Attach
Copy of Tax Statement
If you recently purchased the property send your Recorded Deed

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

the box below: **Draw or Sketch your Property** (regardless of what you are applying for)

Fill Out in Ink – NO PENCIL

- (1) Show Location of: **Proposed Construction**
- (2) Show / Indicate: **North (N) on Plot Plan**
- (3) Show Location of (*): **(*) Driveway and (*) Frontage Road** (Name Frontage Road)
- (4) Show: **All Existing Structures** on your Property
- (5) Show: **(*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)**
- (6) Show any (*): **(*) Lake; (*) River; (*) Stream/Creek; or (*) Pond**
- (7) Show any (*): **(*) Wetlands; or (*) Slopes over 20%**

Please complete (1) – (7) above (prior to continuing)

Changes in plans must be approved by the Planning & Zoning Dept.

(8) **Setbacks:** (measured to the closest point)

| Description | Measurement | Description | Measurement |
|--|-------------|---|--|
| Setback from the Centerline of Platted Road | 192 Feet | Setback from the Lake (ordinary high-water mark) | Feet |
| Setback from the Established Right-of-Way | 159 Feet | Setback from the River, Stream, Creek | Feet |
| | | Setback from the Bank or Bluff | Feet |
| Setback from the North Lot Line | 159 Feet | | |
| Setback from the South Lot Line | 1065 Feet | Setback from Wetland | Feet |
| Setback from the West Lot Line | 1208 Feet | 20% Slope Area on the property | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Setback from the East Lot Line | 93 Feet | Elevation of Floodplain | Feet |
| | | | |
| Setback to Septic Tank or Holding Tank | Feet | Setback to Well | Feet |
| Setback to Drain Field | Feet | | |
| Setback to Privy (Portable, Composting) | Feet | | |

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) **Stake or Mark Proposed Location(s)** of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.
For The Construction Of New One & Two Family Dwelling: **ALL** Municipalities Are Required To Enforce The Uniform Dwelling Code.
The local Town, Village, City, State or Federal agencies may also require permits.

| | | | | | |
|---|--|---|---|---------------------------------|---|
| Issuance Information (County Use Only) | | Sanitary Number: _____ | # of bedrooms: _____ | Sanitary Date: _____ | |
| Permit Denied (Date): _____ | | Reason for Denial: _____ | | | |
| Permit #: 19-0036 | | Permit Date: 3-18-19 | | | |
| Is Parcel a Sub-Standard Lot | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (Deed of Record) | Mitigation Required | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Affidavit Required | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Is Parcel in Common Ownership | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (Fused/Contiguous Lot(s)) | Mitigation Attached | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Affidavit Attached | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Is Structure Non-Conforming | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | | |
| Granted by Variance (B.O.A.) | | Previously Granted by Variance (B.O.A.) | | | |
| <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Case #: | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Case #: | | | |
| Was Parcel Legally Created | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Were Property Lines Represented by Owner | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Was Property Surveyed | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| Was Proposed Building Site Delineated | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Stakes | | | | |
| Inspection Record: Site staked and appears code compliant. | | | | Zoning District (AG1) | |
| | | | | Lakes Classification () | |
| Date of Inspection: 3/13/19 | | Inspected by: Todd Norwood | | Date of Re-Inspection: _____ | |
| Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If No they need to be attached.) | | | | | |
| May not be used for human habitation. No water under pressure in structure. Must meet and maintain setbacks | | | | | |
| Signature of Inspector: Todd Norwood | | Date of Approval: 3/15/19 | | | |
| Hold For Sanitary: <input type="checkbox"/> _____ | Hold For TBA: <input type="checkbox"/> _____ | Hold For Affidavit: <input type="checkbox"/> _____ | Hold For Fees: <input type="checkbox"/> _____ | <input type="checkbox"/> _____ | |

Washington Ave.

1250

1382

creek

1140

940

958

218

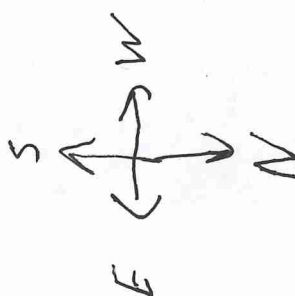
chicken coop

building site

292

Merki Rd

RECEIVED
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own, City, Village, State or Federal
Permits May Also Be Required

LAND USE – **X**
SANITARY – **None**
SIGN –
SPECIAL –
CONDITIONAL –
BOA –

BAYFIELD COUNTY

PERMIT

WEATHERIZE AND POST THIS PERMIT
ON THE PREMISES DURING CONSTRUCTION

No. **19-0036** Issued To: **Jamie Warren**

Location: - $\frac{1}{4}$ of - $\frac{1}{4}$ Section **29** Township **49** N. Range **4** W. Town of **Bayview**

Gov't Lot Lot **1** Block Subdivision **A A Bigelow & Co** CSM# **1825**

For: **Residential Principal Structure: [1- Story; Workshop (12' x 24') = 288 sq. ft.]**

(Disclaimer): Any future expansions or development would require additional permitting.

Condition(s): **May not be used for human habitation. No water under pressure in structure. Must meet and maintain setbacks.**

You are responsible for complying with state and federal laws concerning construction near or on wetlands, lakes, and streams. Wetlands that are not associated with open water can be difficult to identify. Failure to comply may result in removal or modification of construction that violates the law or other penalties or costs. For more information, visit the department of natural resources wetlands identification web page or contact a department of natural resources service center (715) 685-2900.

NOTE: This permit expires one year from date of issuance if the authorized construction work or work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval. This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete.

This permit may be void or revoked if any performance conditions are not completed or if any prohibitory conditions are violated.

Todd Norwood

Authorized Issuing Official

March 18, 2019

Date